

## Foster Family Home - Corrective Action Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-6

94-1276 Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/30/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/30/20.

6.(d)(1)- see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- Ecrim expired on 11/30/19 for CG#6.

8.(a)(2)- APS/CAN renewed on 5/9/18 and expired on 2/2/18 for CG#2; for CG#3 APS/CAN renewed on 5/21/18 and expired on 4/28/18; CG#6 APS/CAN expired on 12/6/19 and renewed on 12/10/19.

Maribel Nakamine, RN  
Compliance Manager

12/30/19  
Date

[Signature]  
Primary Care Giver

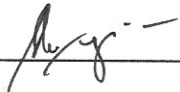
12/30/2019  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Sonia Agni

CCFFH Address: 94-1276 Peke Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed CTA Compliance Manager during home inspection the current Ecrim for CG#6 and APS/CAN of CG#2, CG#3, and CG#6. Documents were placed in home binder.	12/30/19	Home will use a planning calendar to schedule due dates 2 months in advance. Calendar will be posted in front of home binder.

Primary Caregiver's Signature: 

Print Name: Sonia Agni

Date of Signature: 12/30/2019